Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS ELLED BARTI

(Column 1) (Column 2)								TYPE			OR SMALL ENTITY	
TOTAL CLAIMS			άÒ				Г	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			∂0 _{minus 20=}		* -			X\$ 9=		OR	X\$18=	
-	EPENDENT CL			nus 3 =			Ī	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							ſ	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	-	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	
(Column 1) (Column CLAIMS HIGHE						(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM! PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		2		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	= -		X42=		OR	X84=	
-	THOTPHEOL	NIATION OF MIC	JETIF EL DE	LIVOLINI	CDAIN			+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)										ADDII. I LL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	I	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	. 01 4114	-	I	X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=	
										OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							DDIT. FEE I	<u> </u>		ADDIT. FEE	
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	Ī	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	П	X\$ 9=		OR	X\$18=	
I I	Independent	<u> </u> *	Minus	***		<u> </u>	۱t	X42≈			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL		OR	+280=	
** If the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "3." **ADDIT. FEE ORD ADDIT. FEE ORD ADDIT. FEE												L
	The *Highest Nur	nber Previously Pa	id For* (Total o	r Independ	ent) is the	e highest number	er four	d in the app	propriate bo	x in co	lumn 1.	
FOR	A DTO-07E /Day 1	000		0/5 0000			5-1-			0.00	MOTHENT OF	- 00141500